

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) GONZALEZ, GEORGE DAVIS		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. [REDACTED]	
4.a. GRADE, RATE OR RANK PFC	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) [REDACTED]		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY SAN JUAN, PUERTO RICO		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) HC02 BOX 11910 CAPA MOCA, PUERTO RICO 00716			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND BTRY A 1ST BN 7TH FA FORSCOM EC		8.b. STATION WHERE SEPARATED FORT DRUM, NY			
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$50,000	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  13B10 CANNON CREWMEMBER 01 YRS AND 00 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		89	06
		b. Separation Date This Period		90	06
		c. Net Active Service This Period		01	00
		d. Total Prior Active Service		04	00
		e. Total Prior Inactive Service		02	00
		f. Foreign Service		00	00
		g. Sea Service		00	00
h. Effective Date of Pay Grade		89	09		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMY ACHIEVEMENT MEDAL (10LC)//NCO PROFESSIONAL DEVELOPMENT RIBBON//ARMY GOOD CONDUCT MEDAL//EXPERT BADGES(RIFLE & HAND GRENADE)//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  NA					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes No	
			X	16. DAYS ACCRUED LEAVE PAID 16.5	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS  NA					
I certify that this is a true copy of original document DAVID JONES SGT, NYARNG Records custodian 20 May 99					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 2008 HERMANY AVENUE BRONX, NY 10473			19.b. NEAREST RELATIVE (Name and address - include Zip Code) OLGA GONZALEZ /2008 HERMANY AVENUE BRONX, NY 10473		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No					
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) JOHN P. STEVES, 2LT, AG, CHIEF, PPB		

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)	
25. SEPARATION AUTHORITY AR 635-200, CHAPTER 13		26. SEPARATION CODE JHJ	27. REENTRY CODE RE-3
28. NARRATIVE REASON FOR SEPARATION UNSATISFACTORY PERFORMANCE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 [Signature] Initial	

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